

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006758

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

KANSAS CITY

Length of stay in lb

m 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

QUEEN OF THE WORLD HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

4027 S. BENTON

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

MATTIE

Middle

XXX

Last

WHITMORE

4. DATE

OF
DEATH

Month

FEBRUARY 20, 1962

Day

Year

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

3-13-1894

9. AGE (last birthday)

67 yrs

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Rustin, Louisiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Oliver Lewis

13b. MOTHER'S MAIDEN NAME

Lucinda Davis

14. NAME OF HUSBAND OR WIFE

Charles Whitmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

GLANIE WHITMORE, son 2529 Bales

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atelectasis, rt. middle lobe. Congestion of rt. lower lobe of lung.

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Old myocardial infarction. Moderate intestinal hemorrhage... Congestion of liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-19-62

to 2-20-62

and last saw her him alive on 2-20-62

Death occurred at

8:20 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leland L. Holbert M.D.

22b. ADDRESS

501 STATE, KANSAS CITY, KANSAS

22c. DATE SIGNED

2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-24-62

23c. NAME OF CEMETERY OR CREMATORY

Highland

23d. LOCATION (City, town, or county)

Kansas City Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

2-22-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Leland L. Holbert M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4500

P. O. Address. 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.